



COALITION FOR A
TOBACCO-FREE HAWAII

To: The Honorable Marcus R. Oshiro, Chair Committee on Finance
The Honorable Marilyn B. Lee, Vice Chair, Committee on Finance
Members, House Committee on Finance
From: Deborah Zysman, MPH; Executive Director
Date: February 27, 2012
Hrg: Finance Hearing; February 28, 2012 at 10:00 a.m. in Room 308
Re: **Support the intent of HB1810, HD1**

The Coalition for a Tobacco-Free Hawaii supports the intent of HB1810, HD1 which would require health benefits plans established or contracted under the Hawaii employer-union health benefits trust fund to include lower deductibles and co-payments for tobacco smokers and other persons engaged in low risk health behaviors.

The Coalition for a Tobacco Free Hawaii (Coalition) is the only independent organization in Hawaii whose sole mission is to reduce tobacco use through education, policy and advocacy. The Coalition provides leadership for the tobacco control community, develops networks, helps coordinate tobacco control programs and builds community awareness.

The Coalition understands that the intent of HB 1810, HD 1 is to promote healthy behaviors by creating financial incentives linked to healthy behaviors. Ultimately, the Coalition would like to see a decrease in adult smoking rates and supports increasing opportunities for tobacco users to quit.

We suggest that all health plans in Hawaii be required to provide comprehensive tobacco cessation services and that comprehensive worksite wellness programs be incentivized. Existing research does not suggest that raising insurance rates will motivate individuals to stop using tobacco.

Hawaii has been doing well to reduce tobacco use. Our smoking rate (15.3%) is almost ten percent lower than the national average. Still, there are more than 153,000 adults in our state who smoke. And most smokers want to quit. In 2009, more than half of current smokers tried quitting. In 2006, a survey conduct by the Department of Health indicated 87.3% of adult smokers planned to quit. Smoking is costing Hawaii more than half a billion dollars annually in lost



productivity and medical costs. Fewer smokers will save resources and reduce the risk of early death.

Public health research shows that we should remove as many barriers as possible to quitting. Counseling and pharmacotherapy increase the chance of quitting compared to unassisted attempts.¹ Within one year of an attempt to stop smoking, about 95 percent of people who try to stop without pharmacological aid continue to smoke or relapse.² Tobacco users who want to quit should have the help they need to quit as recommended by the U.S. Preventive Services Task Force, this includes counseling and pharmacotherapy.

The Coalition hopes that you will consider measures to increase access to tobacco cessation services and health care over-all.

Thank you for your time and the opportunity to testify.

Deborah Zysman, MPH
Executive Director

¹ See Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, et al. Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guidelines. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality, 2008.

² Cohen S, Lichtenstein E, Prochaska JO, Rossi JS, Gritz ER, Carr CR, Orleans CT, Schoenbach VJ, Biener L, Abrams D, et al. Debunking myths about self-quitting: evidence from 10 prospective studies of persons who attempt to quit smoking by themselves. *American Psychologist* 1989;44(11):1355–65.